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## \*BIBDATASHEET\*

CONFIRMATION NO. 7573

Bib Data Sheet

|  |   |                               |   |                                      |
|--|---|-------------------------------|---|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/671,139   | <b>FILING OR 371(c) DATE</b><br>09/23/2003<br><b>RULE</b>   | <b>CLASS</b><br>428           | <b>GROUP ART UNIT</b><br>1772   | <b>ATTORNEY DOCKET NO.</b><br>98-02C |
| <b>APPLICANTS</b><br>Jayanta Bhattacharyya, Ocala, FL;<br><b>** CONTINUING DATA *****</b><br>This application is a CON of 10/262,795 10/02/2002 PAT 6,623,822<br>which is a CON of 09/311,310 05/13/1999 PAT 6,524,673<br><b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |                                      |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 12/16/2003</b>   |   |                               |   |                                      |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>FL | <b>SHEETS DRAWING</b><br>0  | <b>TOTAL CLAIMS</b><br>33            |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>2       |
| <b>ADDRESS</b><br>30699  |   |                               |   |                                      |
| <b>TITLE</b><br>HIGH PERFORMANCE THERMOPLASTIC   |   |                               |   |                                      |
| <b>FILING FEE RECEIVED</b><br>1284   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |